## RECEIVED CENTRAL FAX CENTER

NO. 5323 P. 5

AUG 3 0 2005

PTO/SB/31 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
of a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a confection of		Docket Number (Optional)	
	_	Docket Number (Optional)	
NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES			
		EU 98055 CON	
United States Postal Service with sufficient postage as first class mail	Jack L. Arbiser		
in an envelope addressed to "Commissioner for Patents, P.O. Box			
1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] Application in OS		umber	Filed
		<i>[</i> 765,491	January 18, 2001
Signature See Certificate of Faesimile  Transmission	For Curcumin and Curcuminoid Inhibition of Angiogenesis		
Towsmission	Art Unit Examiner		
Typed or printed			. Kim
name	1011		* T \$1875
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
\$ 50 <u>0.00</u>			500.00
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		•	
Applicant claims small entity status. See 37 CFR 1,27. Therefore, the fee shown above is reduced			
Applicant claims small entity status. See 37 CFR 1,27. Therefore, the like shown above a reduced \$			
by hair, and the resulting lee is.			
A check in the amount of the fee is enclosed.		08/31/2005 TL011	1 00000025 09765491
Payment by credit card. Form PTO-2038 is attached.		01 FC:2252	225.09 DA
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director has already been authorized to charge rees in this application to a Deposit Account.  I have enclosed a duplicate copy of this sheet.			
I have enclosed a duplicate copy of this sheet.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment			
to Deposit Account No. 503129 I have enclosed a duplicate copy of this sheet.			
A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not			
be included on this form. Provide credit card information and authorization on PTO-2038.			
		•	
I am the		P . 1	D Marshan A
		Twa	ell- I convect
applicant/inventor.		5	er D. Monheit
assignee of record of the entire interest.			
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.	Rivka D. Monheit		
(Form PTO/SB/96)	Typed or printed name		
(1 OHI) 1 COUNTY			
attorney or agent of record.		404.879.2152	
Registration number48,731			
		Telep	hone number
attomay or agent acting under 37 CFR 1.34.	August <i>30</i> , 2005		
Registration number if acting under 37 CFR 1.34.	Date		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.			
NOTE: Signatures of all the inventors or assignees of record of the endi	e inference of mi	ru ichiesentanie(s) s	
Submit multiple forms if more than one signature is required, see below.			

This collection of information is required by 37 CFR 41.31. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

forms are submitted.

\*Total of